व्यक्ति सरकारी खर्चे पर अक्सर विदेशों में अपना इलाज कराते हैं; और

(घ) यदि हां, तो पिछले तीन वर्षों के दौरान सरकारी खर्चों पर उन बीमारियों का इलाज कराने के लिए विदेश गये व्यक्तियों का ब्यौरा क्या है ? जिनका इलाज देश में ही किया जा सकता था; और उन पर किये गये खर्चे का ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्रः (श्रीमती डी० के० तारादेवी सिद्धार्थ) : (क) जी, नहीं ।

(ख) यह प्रश्न नहीं उठता ।

(ग) जी, नहीं ।

(घ) यह प्रश्न नहीं उठता ।

Testing of blood for various disease* is A.I.I.M.S. and F.G.I. Chandigarh.

2407, SHRI RAMJI LAL :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

<a) whether Government are aware that it is difficult for common man to get blood tested for various critical diseases In AH India Institute of Medical Sciences, Delhi and P.G.I., Chandigarh as the machines are not available in these big institutes;

(b) if so, how many types of blood investigating machines are required;

(c) if so, whether Government propose to import these machines to save lives of common men; and

<d) if so, the time by when the machines win be installed ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) The patients who receive treatment at AIIMS, New Delhi and P.G.I., Chandigarh are able to avail of facilities for aM kinds of Wood testing including specialised tests. These fecilfties are continuously being strengthened *to* cope with the growing load of patients aad advances in technology.

(fo) to (d) Does not arise in view of reply at (a) above.

Medicine for Treatment of Jaundice

2468. SHRIMATI SARALA MAHESUWARI :
SHRI MD. SALIM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that a chemist developed a medicine which will cure patients of jaundice; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) The Indian Council of Medical Research has informed that they are not aware of any chemist having developed a medicine which with cure patients of jaundice.

(b) Does not arise.

Commission from the Drug Suppliers

2409. MAULANA OBAIDULLAH KHAN AZMI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) whether Government are sware of the feet that some officials working *in* ffes Medical store depot of Ram Manohat Lohia Hospital and those working to ths Health Ministry are accepting Commissions from the drug supplier;

(b) whether It is a fact that the !iers are supplying sub-standard medicines due to the payment of commission by them.;

(c) if so, what are the details thereof; and

(d) what steps have been taken by Govemment in tikis regard?

THE MINISTER OF STATE Is THB MINISTRY OF HEALTH AND FAMILY tVELFARE (SHRIMATI D K. THARA DEVI StlDDHARTHA) : (a) (No such stse has come *to* the notice of OsverM-Jient of India.

(b) No, 8ir.

(a) and (d) Does not aries

Family Planning Programme

2410. SHRI B. K. HARIPRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the official bureaucratic approach to Family Planning has failed as reported in the "Times of India" dated 28th October, 1992; even though India embarked on Family Planning under the dynamic leadership of Late Raj Kumari Amrit Kaur in the early fifties;

(b) whether Government are aware of the criticism on the centralised, unilinear development model; and

(c) whether Government propose to evolve a separate profession population policy and implementation machinery without any interference from bureaucrats ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI S1DDHTRTHA) : (a) No, Sir. Appreciable success has been achieved under the Programme. A wide network of health and family welfare infrastructure to deliver both health and family planning services in the country has been set up. The crude birth rate has declined from 41.7 per 1000 population (1951—61) to 30.2 (SRS : 1990). total fertility rate has declined from 5.97 (1950—55) to 3.9 (1989), the infant mortality rate has declined from 146 per 1000 live births in 1951 to 80 (SRS : 1990) and the percentage of couples practising contraception has arisen from 10.4% in 1970-71 to 43.5% as on 31-3-1992. It is estimated that as a result of the Family Welfare Programme, approximately 142.98 million births have been averted in the country. Because of the implementation of the Family Planning Programme, the annual rate of growth of population during 1981—92 was 2.11% instead of 2.71%.

(b) The Family Welfare Programme is being implemented as a 100% centrally sponsored programme. While funds arc provided by the Government of India, the responsibility for implementation rests with the State Government. The State Government have been requested to prepare micro 4—419 RSS/93 plans, district-wise for differentiate implementation of the Family Welfare Programme in 90 demographically poor districts,

(c) No, Sir. A NDC Committee cm Population was constituted inter-alia, to identify effective Intervention strategies, both at macro and micro levels, on a holistic and multi-sectoral basis as inputs for a National Population Policy. This Committee has presented its Report.

Effects of Bhopal Gas Leak on Reproductive Functions of Women

2411. SHRI B. K. HARIPRASAD : WiU the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the effects of Bhopal gas leak tragedy on the reproductive functions of women in the area; and

(b) whether it is a fact that mal-farmed children are now a common occurrence amongst those affected as was revealed at. the recently held Permanent Peoples Tribunal hearings at Bhopal ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D, K. THARA DEVI SIDDHARTHA) : (a) The Indian Council of Medical Research (ICMR) has intimated that they conducted a study on 'Reproductive functions of females following toxic gas exposure' during the period between May, 1988 and October, 1989. The study showed a higher abortion rate in the exposed aren .v. comnarea to the control area

(b) In a study conducted by the ICMR on 'Pregnancy outcome in women exposed to toxic gas at Bhopal' the congenital malformation rate did not show any significant difference between the exposed and control area.

Minimum level of Nutrition Intake to Rural masses

2412. SHRI B. K. HARIPRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the findings of a UN (FAO) aided mal-